

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|--|---|-------------------------|
| 1 Date of Request: <u>5-20-05</u> | | 2 Serial/Patent # <u>10 318282</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| | | 6 AMOUNT | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ 100 50.00 |
| <input checked="" type="checkbox"/> Other | | 7 TOTAL AMOUNT OF REFUND \$ 50.00 | |
| <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | 8 TO BE REFUNDED BY: | |
| | | Treasury Check | |
| | | Credit Deposit A/C #: | |
| | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 13--2855 </div> | |
| 10 REASON: | | | |
| <input checked="" type="checkbox"/> Overpayment | | | |
| Duplicate Payment | | | |
| No Fee Due (Explanation): | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>L. Nupier</u> | | TITLE: <u>Patent Reg.</u> | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>301-9140201</u> | |
| OFFICE: _____ ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** APPROVED: _____ DATE: _____ | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**